

A Diabetic Day Care Unit in a General Hospital

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ABSTRACT

A description of a day spent at a Diabetic Day Care Centre, the patient being an insulin-taking diabetic, who has meals at the Centre, attends lectures, has blood and urine tests taken, and receives individual instruction on his condition.

THE CONCEPT OF CENTRES in which diabetics can be indoctrinated and treated on an outpatient basis is by no means a new one. The pioneer unit on this continent was established by Joslin in Boston several decades ago. Similar units were later established at the Cleveland Clinic by Johns and also at the Mayo Clinic. However, development of Diabetic Day Care Units in relation to general hospitals or community health centres has been surprisingly slow and none existed in Canada until about eight years ago when facilities for such a Unit were incorporated into the new Metabolism facilities at the Royal Victoria Hospital, Montreal.

At the same time, our Unit developed in the Department of Metabolism at the Ottawa Civic Hospital by adapting space formerly occupied by an operating suite. This area was on the top floor of the hospital and enjoyed pleasant views and plenty of light. It proved quite suitable for the purposes of a Day Unit, being already divided into several small rooms and a larger room, so that a serviceable Unit could be continued with minimal renovation and in a relatively small space. The floor plan is shown in Figure I.

Multiple Uses

Most rooms in our day patient unit area have been put to multiple uses. For example, the larger room (formerly a recovery area) which is the lecture room and dining room for the Diabetic Day Care function is also used as a lecture room for students and residents; in the evenings it becomes the TV lounge for the adjacent Metabolism Ward. The consulting-ex-

amining rooms, though small, are well-planned and efficient. They provide privacy for insulin injections, for blood drawing and for individual instruction of patients. Throughout the week they are fully used for a variety of clinics, as consulting-examining rooms for geographic full or part-time staff as well as for the noontime diabetic-day-patient interviews by staff or residents. Research fellows also use the day patient facility for screening and survey clinics and for follow-up of special-interest patients.

Our Day Patient facility currently functions three half-days per week as a Diabetic Day Care Unit. Here is what happens during a day's attendance by a typical diabetic patient: he reports alone or in the company of another responsible family member between 7.45 and 8.00 a.m. to the reception desk in accordance with an appointment previously arranged by his physician. Ideally, he brings a requisition from the doctor's office indicating the status of his diabetes, his current diet and insulin dose, or this information might have been phoned by the doctor to the Unit's receptionist.

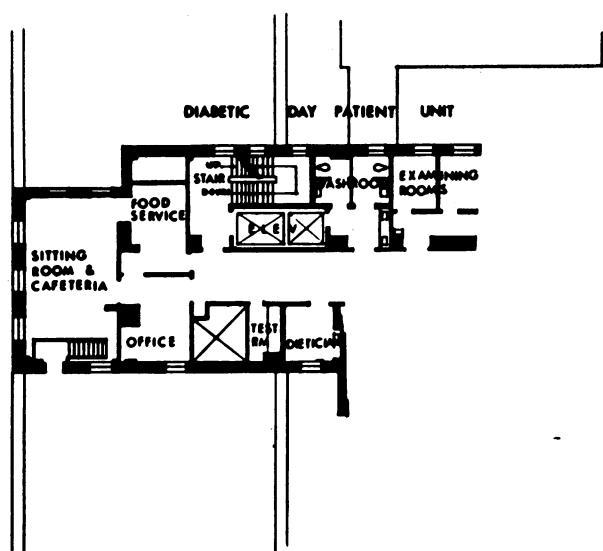
The receptionist receives the patient and explains the schedule of activities for the morning. A before-breakfast urine is tested by the patient, or if he is a new diabetic it is done by the nurse. After 15 minutes he enters the cafeteria line and selects breakfast in accordance with his menu card which is found in a wall rack at the beginning of the food line. The serving area is small but adequate and is arranged to permit ready access for hot and cold food carts from the service elevator to the back of the tray slide. There is provision for do-it-yourself toasting of bread in the dining room. A dietitian helps with selections



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and checks the tray before the diet is eaten. The dining area can accommodate 24 people at one time at small tables although the number has rarely exceeded 20 per morning.

FIGURE 1



After breakfast, the dirty dishes are transferred by cart to a dishwashing machine next to the Metabolism kitchen which is on the same floor. The 'dining-room' is then re-arranged as a lecture room with the furniture usually moved by the diabetic guests.

Lecture Periods

The first lecture-demonstration period of the morning begins at about 9.15 and lasts 45 to 60 minutes. Then there is a mid-morning break for individual instruction sessions by the nurse or by the dietitian whose office adjoins the waiting area. During the morning break walking exercise is encouraged in a long indoor corridor or, in better weather, on the adjoining rooftop deck and promenade which was built with funds donated by a patient. This could be used on a year-round basis by adding some fibreglass panels as windbreaks, and by clearing snow from the boardwalk in winter.

Mid-morning blood sugars are drawn and mid-morning snacks served before the second lecture period begins at about 11 o'clock. The group instruction program, which recycles every two weeks, is outlined below and the teachers for each of the various sessions indicated:

No staff physicians are directly involved in teaching the patients although a staff member of the Department of Metabolism has been delegated to assist with the preparation of lectures and demonstrations

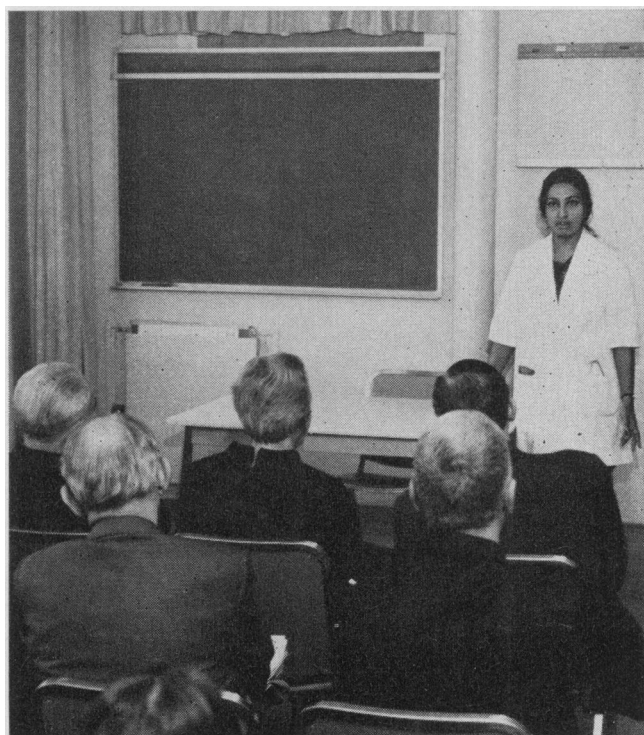
and to provide liaison between medical and non-medical people operating the Day Unit.

At the Day Unit a patient may be attended by his own doctor if that physician is a member of the medical or general practice staff.

Beginning at about 12 o'clock the attending doctors interview their patients in the small consulting-examining rooms next to the nurses' station. Results of the morning's blood sugars enable the doctor to order changes in the treatment program on the basis of current data. The initial stabilization period in a new diabetic would rarely require more than six visits since it can be supplemented by telephoned instructions for further adjustment based on urine tests done at home. The visits of a new diabetic to the Unit may be on successive teaching days or may be spaced at longer intervals to allow more time for any particular change in the treatment program to be effective. When this latter approach is adopted, appointments are spaced so that the entire repertoire of lectures and demonstrations will be obtained without repetition.

Up-patients from other parts of the hospital may also come to the Diabetic Day Care Unit to attend the teaching sessions, with or without concurrent blood sugar testing and with or without individual instruction sessions by dietitian or nurse.

Lunch begins about 12 o'clock and is finished by one o'clock, though occasionally patients' lunches may be interrupted briefly while the interview with their doctor takes place. Patients may remain for a



An assistant-resident from the Department of Metabolism giving a lecture on some medical aspects of diabetes.

mid-afternoon blood sugar which is provided at no extra charge.

Under the arrangements which applied for the first several years of the Unit's existence the patient paid \$5.00 per attendance and this was not recoverable from the hospital insurance carriers. The service was this inexpensive because of Hospital Services Commission subsidies; this fact recognizes the efficiency of managing many diabetics on a day-patient rather than a bed-patient basis.

In 1965, there were 2,182 half-day attendances of diabetics for an average of nine per day, based on five sessions per week prevailing at the time. Subsequently, because of competing demands for other clinics and office sessions for use of the facility, the diabetic sessions were reduced to three half-days per week and the attendance is about 15 per session. These diabetics are tested, treated, fed and taught and all the other activities mentioned above are handled by a staff of three: a clerk-receptionist, nurse and a part-time dietitian. The nurse is in charge of the Unit and responsible for its day-to-day functioning, as well as for the clinical teaching and patient care activities. The dietitian is available

to help with diet instruction and diabetic patients in the Unit as well as any referred from or by outside doctors. The receptionist acts as a corresponding secretary of the local branch of the Canadian Dia-



Advantage is taken of school holiday periods to arrange for the visits of students with diabetes.



Miss W. Moyle, Day Unit Dietitian, giving diet instruction to a new diabetic patient.

betic Association, in addition to her other duties, and assists with the Family Tree Survey of the CDA. She also interviews all mothers of big babies born in the hospital with a view to registering them for subsequent glucose tolerance testing and helps co-ordinate these and other surveys.

General practitioners are encouraged to utilize the facilities of the Unit to help them manage their patients' diabetes. The purpose of the Unit is to provide the setting in which physicians can manage their diabetics better and do so with less expenditure of medical manhours. In this context, the Day Patient Unit resembles a service facility such as physiotherapy departments to which outpatients may be referred for certain procedures not readily provided in the doctors' offices.

Conceived and administered in these terms a Day Patient Unit should be acceptable to, and be utilized by, many of the staff physicians who have responsibility for the care of diabetics. ◀